



The Commonwealth of Massachusetts

Department of Public Safety

Amusement Device Itinerary

 (Print name of Company)

 (Date)

 (Company Address)

 (Contact Phone Number)

 (Print Contact Name)

 (Contact E-Mail Address)

All itineraries must have a complete location address to fall under the scope of the permit.

Location:	
Date requesting inspection:	
Time requesting inspection:	
From:	To:
Devices scheduled to be at that location:	

Location:	
Date requesting inspection:	
Time requesting inspection:	
From:	To:
Devices scheduled to be at that location:	

Location:	
Date requesting inspection:	
Time requesting inspection:	
From:	To:
Devices scheduled to be at that location:	

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